

## EDUCATION TO WORK

**SELF-FOUND PLACEMENT FORM**

|                        |               |                |  |
|------------------------|---------------|----------------|--|
| <b>SCHOOL/COLLEGE:</b> | MALET LAMBERT | <b>REF NO.</b> |  |
|------------------------|---------------|----------------|--|

BLOCK YR 10     BLOCK 6<sup>TH</sup> FORM     EXTENDED

|                 |                                                                                                                                                                                                                                     |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>STUDENT:</b> | It is your responsibility to make sure that all sections of this form are complete. If any part is incomplete then your application will not be accepted. <b>Completed forms must be returned before 4<sup>th</sup> March 2022.</b> |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| <b>EMPLOYER:</b> | This is an approved form for learner work experience and is a valid approach from a learner which has the support of the school/college. Please complete the <b>employer placement details</b> below if you are able to offer a placement. You will be contacted in due course by a placement officer from E2W to make an appointment to see you to go through health & safety information. Please make sure you have available your <b>EMPLOYERS LIABILITY INSURANCE CERTIFICATE</b> at the appointment, without this the placement will not go ahead. Thank you for offering work experience. |
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|-------------------------|--------------------------------------------------------------------|----------------------------------------|----|
| <b>PLACEMENT DATES:</b> | MONDAY 9 <sup>th</sup> MAY 2022 – FRIDAY 13 <sup>th</sup> MAY 2022 | <b>NO. OF CONTACT DAYS (TOTAL):</b>    |    |
| <b>STUDENTS NAME:</b>   |                                                                    | <b>NO. OF CONTACT DAYS (PER WEEK):</b> |    |
|                         |                                                                    | <b>YEAR GROUP:</b>                     | 10 |

|                                               |                                                              |
|-----------------------------------------------|--------------------------------------------------------------|
| <b>NAME OF EMPLOYER/ORGANISATION:</b>         |                                                              |
| <b>CONTACT NAME:</b>                          | MR / MRS / MISS                                              |
| <b>ADDRESS INCLUDING POSTCODE:</b>            |                                                              |
| <b>TELEPHONE NO. / MOBILE:</b>                |                                                              |
| <b>EMAIL:</b>                                 |                                                              |
| <b>EMPLOYERS LIABILITY INSURANCE DETAILS:</b> | INSURANCE CO. _____<br>POLICY NO. _____<br>EXPIRY DATE _____ |

**BRIEF JOB DESCRIPTION OF WORK TO BE UNDERTAKEN:**

|                                                             |                                                                 |
|-------------------------------------------------------------|-----------------------------------------------------------------|
| <b>EMPLOYERS SIGNATURE:</b><br><br>PRINT NAME:<br><br>DATE: | <b>PARENT/CARERS SIGNATURE:</b><br><br>PRINT NAME:<br><br>DATE: |
|-------------------------------------------------------------|-----------------------------------------------------------------|

**E2W USE ONLY!**

**NOTES:**